

## HOUSE RESOLUTION No. \_\_\_\_

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Introduced by: **Welch**

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A HOUSE RESOLUTION to encourage the American Medical Association's (AMA) insight and leadership in taking action in developing a Health Insurer Code of Conduct.

*Whereas, the American Medical Association's (AMA) House of Delegates adopted a resolution calling for the AMA to develop a Health Insurer Code of Conduct setting forth clear and concise principles to address both medical care policies and payment issues as well as develop a mechanism to monitor compliance with it; and*

*Whereas, the Code of Conduct is being developed by a work group of national medical specialty societies, state medical associations and the AMA, as a template for ethical practices to be voluntarily adopted by health insurers; and*

*Whereas, the Code of Conduct should include several clear general principles for the health insurance industry to follow when establishing policies and practices impacting the medical care received by patients; and*



*Whereas, the Code of Conduct should not be intended to unravel the practices of managed care, but instead to level the playing field so that physicians can act in the best interests of their patients, and without interference from outside influences such as monetary incentives or fears of punitive actions; and*

*Whereas, allowing physicians to have the Clinical autonomy necessary to make decisions based on patient needs without artificial barriers should be a principle in the Code of Conduct; and*

*Whereas, improving transparency by disclosing information regarding health plan benefits and policies to help facilitate patients decisions about which plans to join, and informing providers, regulators and the public about systems that may corrupt medical care should be a principle in the Code of Conduct; and*

*Whereas, corporate integrity by ensuring business practices meet generally accepted standards and do not negatively impact critical stakeholders, including requirements addressing the avoidance of conflicts of interest and appropriate allocations of premium dollars for health care should be a principle in the Code of Conduct; and*

*Whereas, the Code of Conduct work group should recognize the need for cost-savings, especially considering the current economic climate, but construct the code to restore a balance of power between cost containment efforts and preservation of the doctor-patient relationship so that patients have access to quality medical care that ensures their safety and welfare; and*

*Whereas, the initiative to seek support and encouragement of this innovative voluntary program to promote patient safety and welfare has originated as a result of a positive effort by Indiana patient advocacy groups who are currently working to build the support of other patient groups, physician and provider organizations, disease and health related organizations, legislators, regulators, and consumers; therefore*



Be it resolved by the House of Representatives of the  
General Assembly of the State of Indiana:

SECTION 1. That the Indiana House of Representatives support and encourage the AMA's insight and leadership in taking this action and further encourages the AMA to see this effort through to a fully implemented and monitored Code of Conduct.

SECTION 2. That the appropriate state regulatory agencies take note of the AMA's development of a Health Insurer Code of Conduct that will attempt to set forth clear and concise principles addressing both medical care policies and payment issues; and

SECTION 3. That the state regulatory agencies will help promote the adherence to and monitoring of compliance with the Code of Conduct.

